Form-5

Certificate by Architect / Licensed Surveyor

(Certificate for the purpose of completion of Layout/ Sub-Division Project)

Address of the Project:S.F.NO;323/2A1,KARIKKAL VILLAGE PANCHAYAT.SHOLINGHUR PANCHAYAT UNION &

TALUK.RANIPET DISTRICT-6311

Date: 20/4/2024

M.E.ANJANEYAN (Name of the Promoter)

DOOR NO;10.ARJUNA REDDY STREET.SHOLINGHUR TOWN.RANIPET DISTRICT-631102 (Address of the Promoter)

Subject: Certificate for _____ (Name of the project)

Ref: _____ (TNRERA Registration Number)

Sir,

I, V.ELANGO (name of the Architect/ Licensed Surveyor) having License No. RE/Gr-III/RD/DEC 2023/007 had undertaken assignment as an Architect/ Licensed Surveyor for the assessment and verification of development of work done at KARIKKAL NORMAL LAYOUT _____ (name of the project) situated on the Plot bearing Survey no./ Plot no.323/2A1 _____ demarcated by its boundaries (latitude and longitude of the end points) KARIKKAL ROAD to the North VIJAYARAGAVAN LAND to the South VENKATESH LAND to the East VEERASAMY LAND _____ to the West of Division KARIKKAL Village SHOLINGHU Taluk R A N I P E T District measuring 5 6 6 0 sq. mts. Being developed by M.E.ANJANEYAN (Name of the Promoter).

Based on site inspection carried out by me with respect to each of the plot(s) of the aforesaid Layout/ Sub-Division Project, I certify that as on date of this certificate, the project has been developed and completed in all respects as per the Plotting layout plan sanctioned by ASST,DIRECTOR DTCP,RANIPET.MR.RAGULRAJ.S (Name of the sanctioned authority) *vide* Planning Permission No. L A Y O U T N O ; 1 2 7 / 2 0 2 3 dated 03.10.2023 including all amenities and facilities as committed by the promoter to the allottes.

Yours Faithfully,

Stamp, Signature & Name (IN BLOCK LETTERS) of Architect/ Licensed Surveyor with (Reg. License No RE/GR-III/RD/DEC 2023/007)

Er. V. ELANGO
Consulting Engineer
DTCP Registered Engineer
RE/Gr.III/RD/Dec/2023/007
Cell:9940255337, 6385906005

Enclosed:Photographs of all sides of site